



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/590,678
Filing Date	August 25, 2006
First Named Inventor	Frank Karlsen
Title	DETECTION OF HUMAN PAPILLOMAVIRUS
Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket No.	B0192.70065US00

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>E. Phall</i>	Date	27 th November 2006
Name	GEIR MORLAND	Telephone	+47 22 79 88 00
Title and Company	CEO NORCHIP AS		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.Industriveien 8, N-3490 Klokkearstua, Norway
Tlf.: +47 32 79 88 00 Fax: +47 32 79 88 01
E-post: NorChip@norchip.com
www.norchip.com